Alcohol Withdrawal



Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date			
Check, circle, and complete all appropriate blanks. Date:	For polysubstance s. Iding the frequency, Iding the frequency,	A: Assessment: Assess dependency as substance. If withdrawal is occurring Assessment P: Interventions: Use of prescription treatment requires of The following guidelifunderstanding what to the following treatment with his withdrawal: • Check finger-stic of If <200, of If > or = days, the HCP of Call profession of CIVVA-Ar orders for: • Begin CIVVA-Ar orders for: • Librium of Librium of Librium of Librium of Librium of Librium designed or the mine of the rwise contrataking or all medical contrata	medication other contact with the hos are provided because and how tories suggestive k blood sugar (FB no recheck is need to 200, schedule in a chart review vider if FBS > 350 assessments and 50mg PO TID x 250mg PO BID x 250mg PO QDay x ments should occose or as directed in 100mg PO QI indicated. If pair indicated.	er than for emergency HCP. If to assist the nurse in to monitor the patient. of high risk for alcohol and the second of the sec			
O: Examination: T_□P_□_BPRR Determine the level of consciousness and orientati	on	final dose of libri	e is <10 prior to t um, assessments	the administration of the can be discontinued. If t time, contact HCP for			
For alcohol users, perform the CIWA. Assess gait. Assess skin,		If CIWA-AR is all to manage the part of the HC systolic or 110 (SBP<90 or DBP) Contact the HCF	atient. P if blood pres diastolic, or int <60). If pulse goes ab	P if the jail can continue sture goes above 180 to the range of shock ove 120 for more than a			
Inspect for tremor		few minutes, pulse <60, RR <10 or > 24, temperature > 101.1 F, patient becomes fully hallucinated or delirious, seizures recur for more than a few minutes, or other dangerous signs are noted. If patient answers "yes" to mental health screen, place on suicide watch and call mental health. Refer patient to HCP next business day; refer to mental health. Ensure patient receives chlordiazepoxide and/or lorazepam fact sheet(s) as appropriate					
Make a gross determination of nutritional status.		Nurse's signature and d Reviewer's signature an					
Inspect pupils.							



Lorazepam (Ativan) Fact Sheet



Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date

During your stay at this facility, you may be provided with medication to help treat a potentially life-threatening condition, alcohol withdrawal.

This medication is called lorazepam (ativan). Like many other medications, it is known to cause drowsiness.

Because of this, it is not recommended that you engage in any of the following activities for at least 36 hours (1 ½ days) after your last dose:

- Driving
- Operating heavy machinery
- Using power tools
- Working at heights
- Other tasks that require you to be alert

If you are released prior to completion of the 5 day alcohol detox process, it is recommended that you be evaluated at an emergency room or by your physician as soon as possible after release.

If you have any questions about this medication, please ask nursing staff as they make their medication rounds.

Patient Acknowledgment

I have read this fact sheet, or had this fact sheet read to me, and I acknowledge that I understand the information. I understand that it is my responsibility to avoid the activities described herein for no less than 36 hours following release from custody. I further understand that upon release from this facility, it has been recommended that I should seek emergent care if I have not completed the five (5) day detox process. I agree to hold harmless Correct Care Solutions and the Sheriff's Office

for any alleged damages or harm as a result of my failure to follow the directions contained herein.

Signature of Patient	Date
Signature of CCS Employee	Date
Second Witness should the patient refuse to sign	



Blood Pressure Record



ent Name			Inmate Number	Booking Number	Date of	Birth	Today's Date
Cell:		Ins	tructions:		l.		
Date	B.P.	Arm	Initials	Date	B.P.	Arm	Initials
				-			



CIWA-ar Nursing Procedure - Regional/Jails

Withdrawal Symptom Order Set

(Only For EtOH (alcohol); Not for Use for Other Substance Withdrawal) (Three Page Pathway)

Booking Number

Inmate Number



Today's Date

Date of Birth

Physi	cian:		Alle	ergies:						
Initiat				ents receiving Librium (Chlordiazepoxide) should be housed in copriate medical observation area / infirmary if possible.	Date & Time of Discontinuation:					
Comp	leted? (I	nitial)								
Yes	No	NA	Pro	tocol Step						
			1.	Complete initial Assessment						
			2.	Contact Provider to discuss assessment and obta	ain order (Librium, thiamine.					
				observation level, etc.) for assessments that:	,					
				- Score over 0						
				 IM has a history of detox related symptoms (Chand DOC INS & Medical Intake) 	eck Receiving Screening					
				- IM has a history of significant alcohol use (Chec DOC INS & Medical Intake)	k Receiving Screening and					
				- IM has a history of heart disease (order to include	de Librium)					
				- IM is Pregnant						
				- IM is acutely intoxicated						
				- IM has a chronic illness						
				**If none of the above, skip to step 5						
			3.	3. Contact security for Q15 observation						
			4.	Schedule IM to see next available provider						
Use CIWA Score Sheet		5.	Perform CIWA-Ar and vital signs re-assessments as follows:							
				IF CIWA score 9 or less, then reassess in 8 hou	rs					
				IF CIWA score 10-12, then reassess in 6 hours						
				IF CIWA score 13-15, then reassess in 4 hours						
				IF CIWA score > 15, then call HCP for possible ER transport						
				CIWA and vital signs assessments may be D/C'd to coincide with the final						
				dose of Librium if CIWA score is <10; if CIW	ore is not <10 at that time,					
			6.	Contact the provider IMMEDIATELY if any of the	se elements are noted on					
				the initial assessment or develop at any time whil						
					BP <60 or >110					
					te <60 or >120					
				ory Rate <10 or >20						
				ure >101.1°F						
				e Systolic BP <90 or >180 j. Intractabl						
			7	If patient answers "Yes" to mental health screen, on suicide watch then contact mental health provi	immediately place patient ider on-call.					
			8.	Place a medical hold on any patient with a CIWA- inter-facility transfer until such time as their CIWA	-Ar score> 15 to prevent					
				consecutive assessments.						



Patient Name

CIWA-ar Nursing Procedure - Regional/Jails

Withdrawal Symptom Order Set

(Only For EtOH (alcohol); Not for Use for Other Substance Withdrawal) (Three Page Pathway)



Patient Name Inmate No		er Booking Number			Date of Birth		Today's Date			
*If inmate refuses, answer questi	on by visi	ual as	sessm	ent						
	ate:									
Ti	me:		,							
		sco	RE		,					
Nausea and Vomiting										
Tremor										
Paroxysmal Sweating										
Agitation										
Tactile Disturbances										
Auditory Disturbances										
Visual Disturbances										
Anxiety										
Headaches, Fullness in the Head										
Orientation										
Total (max score 67)										
		Vita	ls							11 1
Respiration (notify provider if <10 or >20)										
BP (notify provider if Syst <90 or >1 or Diast <60 or >110)	80									
Temp (notify provider if >101.1 F)		II								
Pulse (notify provider if <60 or >120)										
	Menta	l Heal	th Scr	een					*	
Thoughts of Self-harm or Suicide?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Nurse's Initials:										
*Use in conjunction with CIWA-Ar Assessment Revie	w Sheet The s	cores for	the 10 ite	me are si	Immed to	give a to	tal score			

Contact the provider if any of these elements are noted on the initial assessment or develop at any time while using this tool:

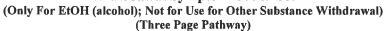
- f. Unresponsiveness
- d. CIWA score >15
- g. Heart Rate <60 or >120
- j. Intractable Vomiting
- b. Changes in mental status
- e. Systolic BP <90 or >180
- h. Respiratory Rate <10 or >20
- c. Seizures
- f. Diastolic BP <60 or >110
- i. Temperature >101.1°F



> 20 Severe withdrawal < 10 Stable; 16-20 Moderate withdrawal; 10-15 Mild to moderate withdrawal;

CIWA-ar Nursing Procedure – Regional/Jails

Withdrawal Symptom Order Set





Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
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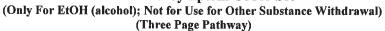
ALLERGIES

Time	Comments:



CIWA-ar Nursing Procedure - State/Prisons

Withdrawal Symptom Order Set





Patient N	ame			Inmate Number Booking Number Date of Birth Today's Da							
Physic	ian:		Allergies:								
D. 1 0	T		D-4'4-				1				
Date &	Time of		appropr	receiving Librium (Chlo late medical observation	ordiazepoxide) shou n area / infirmary if	ild be housed in possible.					
		. 141 - IX					Discont	inuation:			
	leted? (In	-	-								
Yes	No	NA		otocol Step							
				Complete initial Assessment							
				Contact Provider to discuss assessment and obtain order (Librium, thiamine							
	-			observation level, etc.) for assessments that:							
				Score over 0							
				- IM has a history of detox related symptoms (Check Receiving Screening and DOC INS & Medical Intake)							
				- IM has a history of significant alcohol use (Check Receiving Screening and DOC INS & Medical Intake)							
			-	- IM has a history of heart disease (order to include Librium)							
			-	- IM is Pregnant							
			-	- IM is acutely intoxicated							
				IM has a chronic il							
				**If none of the above, skip to step 5							
				contact security for							
				Schedule IM to see next available provider							
Use C	IWA Sco	re Sheet	5. P	Perform CIWA-Ar and vital signs re-assessments as follows:							
			l F	IF CIWA score 9 or less, then reassess in 6 hours							
			l IF	IF CIWA score 10-12, then reassess in 4 hours							
			IF	IF CIWA score 13-15, then reassess in 2 hours							
			L IF	IF CIWA score 16-19, then reassess in 1 hour							
				CIWA score > 19							
				IWA and vital sign							
				ose of Librium if C ontact HCP for dire		10; if CIWA s	score is not <	<10 at that time,			
			6. C	ontact the provide	r IMMEDIATEL	Y if any of th	nese elemen	ts are noted on			
			tr	ne initial assessme a. Unresponsiv							
				ic BP <60 o							
				b. Changes in r	mental status		Rate <60 or				
				c. Seizures	_4E	n. Respir	atory Rate	<1U OF >20			
				d. CIWA score			rature >101.				
			7. If	e. Systolic BP of patient answers "			ble Vomitin				
				n suicide watch the							



consecutive assessments.

Place a medical hold on any patient with a CIWA-Ar score> 15 to prevent

inter-facility transfer until such time as their CIWA-Ar score is <10 on 2

8.

Patient Name

CIWA-ar Nursing Procedure - State/Prisons Withdrawal Symptom Order Set

(Only For EtOH (alcohol); Not for Use for Other Substance Withdrawal) (Three Page Pathway)



Patient Name	Inmate Number		Booking Number		Date of Birth		Today's Date			
*If inmate refuses, answer questi		sual as	sessn	nent	-					
	ate:									
Ti	me:				lui -		J			
		SCC	RE							
Nausea and Vomiting										
Tremor										
Paroxysmal Sweating										
Agitation										
Tactile Disturbances										
Auditory Disturbances										
Visual Disturbances										
Anxiety										
Headaches, Fullness in the Head										
Orientation										
Total (max score 67)										
	- "	Vita	als							
Respiration (notify provider if <10 or >20)										
BP (notify provider if Syst <90 or >18 or Diast <60 or >110)	30									
Temp (notify provider if >101.1 F)										
Pulse (notify provider if <60 or >120)										
	Men	tal Hea	ith Sci	reen						
Thoughts of Self-harm or Suicide?	Y/N		Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Nurse's Initials:							5			
*Use in conjunction with CIWA-Ar Assessment Revie										

Contact the provider if any of these elements are noted on the initial assessment or develop at any time while using this tool:

- f. Unresponsiveness
- d. CIWA score >15
- g. Heart Rate <60 or >120
- j. Intractable Vomiting
- b. Changes in mental status
- e. Systolic BP <90 or >180
- h. Respiratory Rate <10 or >20
- c. Seizures
- f. Diastolic BP <60 or >110
- i. Temperature >101.1°F



< 10 Stable; 16-20 Moderate withdrawal; 10-15 Mild to moderate withdrawal; > 20 Severe withdrawal

CIWA-ar Nursing Procedure – State/Prisons Withdrawal Symptom Order Set

(Only For EtOH (alcohol); Not for Use for Other Substance Withdrawal) (Three Page Pathway)



	Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
--	--------------	---------------	----------------	---------------	--------------

ALLERGIES

Time	Comments:



Intake Pathway – COWS Opiate Withdrawal



Patient Nam	ne	Inmate Number	Booking Number	Date of Birth	Today's Date
					···
Physicia	an:		Allergies:		
Date &	Time of Initiation:		Another brand of drug i unless checked: □	dentical in form m	ay be dispensed

	Opiate withdrawal (COV				
	**TO BE USED IN OPIATE			ON-CALL IF PAT	ΓΙΕΝΤ IS
	HAVING POLYSUBSTAN				
1.	Check pregnancy test as app		CP of (+) result		
2.	Check finger-stick blood suga				
	• If <200, no recheck is				
	• It > or = to 200, sche	dule for BID FBS o	checks x 5 days, then a	chart review shou	ld occur with the HCP
3.	Call provider if FBS > 350 Begin COWS scoring sheet a	ononning the natio	nt TID (in each 24 hour	mariad\	
4.	Educate patient about opiate	withdrawal during	each assessment	репоа)	
5.	If COWS score is > 10, conta			ule to OID (in a 24	hour period)
J .	until COWS score is <10.	ot i for and onding	o reassessment sorieut		nour periou)
6.	If the COWS score remains 1	0 or less for 72 ho	urs, no specific interver	ntion is necessary	and this
	pathway and this order set te	rminate.			
7.	If diarrhea is present, offer lo	peramide (Imodiui	n) 4 mg PO (additional	2 mg doses with a	additional loose bowel
	movements to a maximum of				
	If patient requires this med fo HCP.	r more than r days	s or it patient snow sign	s of clinical denyd	ration, contact
8.	If patient develops muscle cra	amps, offer acetan	ninophen (Tylenol) 650	ma PO QID x 7 da	evs for pain. If
	patient has documented aller	gy to acetaminoph	en, provide ibuprofen 2	00mg PO TID x 7	days unless
	otherwise contraindicated. If	patient requires th	is med for more than 7	days, contact HCF	o
9.	If muscle cramps are disablin		en AND ibuprofen are co	ontraindicated, co	ntact HCP and
40	request orders for a muscle re			10D 15 11 1	
10.	If vomiting occurs, offer mecli than 7 days, if vomiting is not	zine 25 mg PO 11	D for / days. Contact H	ICP if patient requ	ires this med for more
11.	If patient answers "Yes" to the				
	health provider on-call.	Juginia oi auloide, i	minediately place patie	iii oii suicide watc	in their contact mental
12.	Contact HCP on-call immedia	tely for any of the	following:		
	Seizures	,	g .		
	Delirium				
	 Patient appears dehyd 	rated or otherwise	clinically unstable		
	• SBP >200 or <90		-		
	• DBP >120 or <60				
	• HR >140 or <60				



Refer patient to HCP on next business day.

Refer to mental health.

13.

14.

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Narcotic Withdrawal



Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
Check, circle, and complete all appropriate blar	nks.	P: Interventions:		
Date: Time:		Use of prescript	ion medication othe	er than for e
Use this pathway for narcotic withdrawal on	lv. For		es contact with the H	
polysubstance withdrawal, contact HCP imm	nediately for		delines are provided	
orders.	noundary for		at to expect and how	
S: Subjective:		For opiate withdra		businel succes
Identify what substances the patient uses	including the		gnancy by history, p	
frequency, quantity, routes of administration, ar			If pregnancy is prefor direction.	resent, con
modulation, quantity, routes of administration, ar	id last deage			0)
		Check finger-	stick blood sugar (FB	S)
			00, no recheck is nee	
Inquire regarding previous withdrawal experie	anana (nunidaya		or = to 200, schedule	
withdrawal experiences offer provide was	ences (previous		, then a chart review	v should occu
withdrawal experiences often provide use	etui information	HCP		
regarding what to expect this time).		o Call	provider if FBS > 350	1
		 Begin COWS 	scoring flowsheet, re	evaluating TID
		 Assure the p 	atient that withdrawa	I will pass an
The contract of the contract o			nedications to blunt	
Identify what symptoms the patient is now expe	riencing, if any.		nderstands that withd	
		be eliminated		, , ,
		 Contact the 	HCP if COWS sco	re is greater
Inquire regarding other serious medical cond	litions that may	Change reass	sessment interval to C	OD until COM
make the inmate high risk for withdrawal		10 or less.	occonnent interval to o	and until COVV
			uid diet during active	withdrawal
			oresent, offer loperam	
Inquire regarding pregnancy			mg doses with a	
Allergies:		movements to	o a maximum of 16	mg during an
Allergies,		period) for 7	days. If patient requ	ires this med
			r shows signs of dehy	
O: Examination:		 If patient dev 	elops muscle cramp	s, offer aceta
O. Examination,		975 mg PO (QID x 7 days for pair	n. If acetami
T D D DD			ed, offer ibuprofen 200	
T_□P□_BPRR Determine the level of consciousness and orien	tation		imps are disabling of	
betermine the lever of consciousness and onen	itation		contraindicated, conf	
		muscle relaxa		
Assess gait		If vomiting or	ccurs, offer meclizine	25 mg PO
		days.	bodio, onor moonzine	, 20 mg 1 0
Access alin			if vomiting is not co	ntrolled with
Assess skin.			of dehydration, or pa	
		more than 7 d		ilienii requires
Inspect for tremor.				DDD - 400
			HCP for SBP > 200,	
			k (below 90/60), or H	R > 140 for m
Based upon history, inspect and assess other or	rgan systems	few minutes		
			ICP if other dangerou	
			ucinations, recurrent	or prolonge
		activity.		
Make a gross determination of nutritional status.			ows no sign of with	
			e <10), discontinue C	OWS assess
Inspect pupils.		order set.		
	_	 If patient ans 	swers "yes" to menta	al health scre
A: Assessment:		patient on sui	cide watch and call m	ental health.
			to HCP on next busin	
Assess dependency and/or withdrawal as appro-	opriate, naming	health.		,,
the substance.	. ,	Nurse's signature	and date	
If withdrawal is occurring, identify it.				
Assessment				
		Reviewer's signati	ire and date	

han for emergency

assist the nurse in monitor the patient.

- sical examination, or sent, contact HCP

 - BID FBS checks x 5 hould occur with the
- aluating TID.
- ill pass and that we nptoms. Make sure al symptoms cannot
- is greater than 10. until COWS score is
- hdrawal.
- (Imodium) 4 mg PO itional loose bowel during any 24 hour s this med for more ation, contact HCP.
- offer acetaminophen If acetaminophen is PO TID x 7 days.
- acetaminophen AND HCP and request a
- 5 mg PO TID for 7
- olled with PO meds, nt requires meds for
- 3P > 120, BP in the 140 for more than a
- ign is noted such as prolonged seizure
- awal after 72 hours NS assessment and
- nealth screen, place al health.
- day; refer to mental



COWS Scoring Sheet for Opiate Withdrawal



Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date	
--------------	---------------	----------------	---------------	--------------	--

(Perform COWS assessment prior to administration of any meds) Date/Time **Record Blood Pressure Record Heart Rate Score for Heart Rate** Sweating Restlessness/Anxiety Pupil size **Bone or Joint Aches Runny Nose/Tearing** GI upset Tremor Yawning Irritability Skin Add values vertically in shaded area for Total Score Thoughts of suicide? Y/N Initials Pupil size: 0=Pinpoint to normal Tremor: Clinical Opiate Withdrawal 1= Larger than normal in room light 0=none Symptom Scale (COWS) 2= Moderately Dilated 1≈ Tremor felt but not observed 3= Only rim of iris visible due to 2= Gross Tremors or muscle dilation twitching Bone or Joint Aches: Heart Rate: Yawning: 0= No discomfort 0= 80 or less 0= none present 1= mild pain 1=81-90 1= 1-2 times during assessment 2=Moderate aching 2=91-100 2= 3-4 times during assessment 3= Severe aching or rubbing of 3= Several times per minute 3=100 or greater ioints/muscles Sweating: Eyes Tearing or Runny Nose: Irritability 0=None 0= none 0= none 1=pt c/o chills or flushing 1= Mild irritability 1= Nasal congestion 2=Facial flushing 2=Runny nose or Eyes tearing 2= Obvious irritability 3= facial sweating 3= Eye or nose constantly 3= Severe irritability which interferes 4=Drenching sweats tearing/running with assessment Restlessness and Anxiety: GI upset: 0= None, able to sit still 0=None 1= Mild anxiety, some difficulty 1=Stomach cramps sitting still 2=Nausea 0= Skin is smooth, no goosebumps 2= Moderate anxiety, frequent 3=Vomiting or diarrhea 2= Hair can be felt standing up on shifting/moving arms and legs 4=Multiple Episodes of arms 3=Severe anxiety Unable to sit still vomiting/diarrhea 3= Obvious prominent goosebumps Signature/Title Initials Signature/Title Initials



Daily Treatment Record



Patient Name		Patient Num	ber Bookin	ng Number	Date of Birth	Today's Date
Treatment Ordered (Check One)	☐ Blood I	Pressures	☐ Weight (☐ Other	Checks		
Order as Written:					X	
Treatment Frequer	ıcy: 🗆 QD 🗆 Bi	ID Dother:			_	
Begin Date:		End Date:			_	
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
			187			
22	23	24	25	26	27	28
29	30	31	Initials	<u>Signature</u>	<u>Initials</u>	<u>Signature</u>

 Upon completion of ordered Blood Pressure and Weight Checks, place the completed Treatment record into the health record and schedule patient for a physical evaluation

Report all Blood Pressures according to protocol to the Physician



Diabetic Flow Sheet



Patient Name	е		 Inmate Number	Booking Numb	er	De	ate of Birth	Today's Date
FS & Insi Ordered:	ulin	-	•					· ·
DATE	TIME	RESULT	MEDICATION	DOSE	INIT.	PROV. NOTI- FIED		COMMENTS
-								
-								



Food Intake Tracking



Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date

Date	Shift	Behavior



Physician's Order



Patient Name		Inmate Number	Booking	Number	Date of Birth	Today's Date
ALLERGIES:						
Physician:				-		
Date & Time:	☐Another brand of c	drug identical in conten	t			
				11		



HIV-ATRIPLA Exchange Physician's Orders



Patient Name			Patient Number	Booking Numb	er	Date of Birth	Today's Date
ergies:							
DATE			P	hysician's O	rders		
	Prior	to initiation	of any of these	orders the o	n-call H	CP must be	contacted.
	1	Discontinue	ATRIPI A				
			d 300mg 1 po q	hs x	_days.		
	3.	Begin Lami	vudine 300mg 1	po q hs x		ays.	
	4.	Begin Susti	va 600mg 1 po d	hs x	days.	•	
	(Add	other order	s below as direc	stad by HCD			
	\Add	ephone Orde	ers □Verbal Or	ders			
		-phone ora	J. D. T. GIDAI OI	4019			



Initiate MAR if HCP orders medication(s)
After completing any additional orders, place this form in HCP's box for signature (if

applicable)

HIV-COMPLERA Exchange Physician's Orders



nt Name		Patient Number	Booking Number	Date of Birth	Today's Date			
llergies:_								
DATE		F	hysician's Orders					
	Prior to initiation of any of these orders the on-call HCP must be contact							
	1. D	iscontinue COMPLERA	\					
	2. B	egin Viread 300mg 1 po	o q day x	days.				
		egin Lamivudine 300mg						
	4. B	egin Edurant 25 mg 1 p	o q day x	days.				
	(Add oth	ner orders below as d	irected by HCP)					
		none Orders □Verbal						
	Initiate M	MAR if HCP orders med	ication(s)					



(if applicable)

HIV-TRUVADA Exchange Physician's Orders



lergies:_									
DATE		Physician's Orders							
	Duian ta initiat			- II LIOD	h				
	Prior to initiation of any of these orders the on-call HCP must be contact								
		tinue TRUVADA.							
	2. Begin \	/iread 300mg 1 p	o q day x	days.					
	3. Begin L	amivudine 300m	g 1 po q day x	days.					
	(Add other ord	ders below as di	rected by HCP)						
		orders □Verbal							



(if applicable)

Health Services Reception Form



				Inmate	Number	Booking Nu	mber	Date of E	Birth	Today's D
Name								PID	T	
Receiv								DOB		
Facilit Date/										
S: Coi	mplair	its upon	arrival							
0:	T=		P=	R=	B/P		SPO ₂ =		LMP=	
Physic	eal Ap	pearance	/Behavior							
A/P:	1) 2) 3) 4)	Medical Pregnan Referra a. E. b. Pl c. C d. Do e. M	l Access properties of the contract of the con	rocedu ne at t Room: Yes less Cl es No lth:	ransferrin : Yes N No inic(s) Sch	ions given to g facility:	Yes No	es No		



Date/Time

Signature

Chlordiazepoxide(Librium) Fact Sheet



Patient Name	Patient Number Booking Number		Date of Birth Today's Date		

During your stay at this facility, you will be provided with medication to treat a potentially life-threatening condition, substance withdrawal.

This medication is called chlordiazepoxide (Librium). Like many other medications, it is known to cause drowsiness.

Because of this, it is not recommended that you engage in any of the following activities for at least 72 hours (3 days) after your last dose:

- Driving
- Operating heavy machinery
- Using power tools
- Working at heights
- Other tasks that require you to be alert

If you are released prior to completion of the 5 day alcohol detox process, it is recommended that you be evaluated at an emergency room or by your physician as soon as possible after release.

If you have any questions about this medication, please ask nursing staff as they make their medication rounds.

Patient Acknowledgment

I have read this fact sheet, or had this fact sheet read to me, and I acknowledge that I understand the information. I understand that it is my responsibility to avoid the activities described herein for no less than 72 hours following release from custody. I further understand that upon release from this facility, it has been recommended that I should seek emergent care if I have not completed the five (5) day detox process. I agree to hold harmless Correct Care Solutions and the Sheriff's Office for any alleged damages or harm as a result of my failure to follow the directions contained herein.

Signature of Patient	Date
Signature of CCS Employee	Date
Second Witness should the patient refuse to sign	 Date



Mental Health Provider Orders



Patient Name		Inmate Number	Booking Number	Date of Birth	Today's Date
				,	
Date/Time	Allergies:				



Neurological Assessment



Patient Name	Patient Number	Date of Birth	Today's Date

Date:							
Time							
Assessed By (initi	ials)						
Check Patient's R	esponses						
	Eyes Open	Spontaneously To Speech	4 3				
	Closed by Swelling	To Pain None	2				
	Verbal Response	Oriented	5 4				
Glasgow		Confused Inapprop. Words	3				
Coma		Incomp. Sounds None	1				
Scale	Motor Response	Obeys Commands Localizes Pain	6 5				
		Flexion to Pain Abnormal Flexion	3				
		Abnormal Extension None	1				
	Score (poss 3 - 15)						
Limb Movement	Arms	Normal Power Mild Weakness			Pos	ture Decerebrate	
Record right and left separately		Severe Weakness Spastic Flexion Extension					3
if there is a difference	Legs	No Response Normal Power					
between the two sides.	Legs	Mild Weakness Severe Weakness					
C=Contractures R=Right		Spastic Flexion Extension					
L=Left	N-Reacts Normal	No Response Right - size					
Eyes	S-Sluggish U -Un/Non-reactive	Reaction Left - Size			Pos	ture Decorticat	in
	C-Closed	Reaction Normal Power - Mo	vement of	limb off ber	d anainst resid	stance	<i>9</i> —
Eye Signs		Mild Weakness - Moresistance Severe Weakness - See diagram above	ovement o Unable to	f limb off be	ed against gra	vity but not against	
		•	• •				
		Pupil Size 2m	m 3mm 4	1mm 5mm	6mm 7mm	Bmm 9mm	



Sedative/Hypnotic-(benzodiazepine and barbiturate) Withdrawal



Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
Check, circle, and complete all a	ppropriate blanks.			-
Data		A: Assessment:		
Date: Tim Use with benzodiazepine and/o	e:erhiturate withdrawal	Assess denenden	cy and/or withdrawa	I as appropriate, naming
only. For polysubstance without immediately for orders.	Irawal, contact HCP	the substance. If withdrawal is occ	curring, identify it.	ii as appropriate, framing
S: Subjective:		P: Interventions:		Warrant Table
Identify what substances the frequency, quantity, routes of adr		Use of prescripti	on medication oth s contact with the	er than for emergency HCP.
			delines are provide	d to assist the nurse in
Inquire regarding provious with	drawal avpariances (provious			of high risk for sedative
Inquire regarding previous with withdrawal experiences often regarding what to expect this time	provide useful information	o If <20	stick blood sugar (FE 00, no recheck is ne	eded
		o If > o days HCP	r = to 200, schedule then a chart revie	e for BID FBS checks x 5 w should occur with the
Identify what symptoms the patie	nt is now experiencing, if any	o Call p	provider if FBS > 356	0 nd call HCP to receive
		orders for:		
			ım 50mg PO TID x 2 ım 50mg PO BID x 2	
		o Libriu	m 50mg PO QDay:	x 1 day
Inquire regarding other serious	medical conditions that may	 Provide chloro appropriate. 	diazepoxide and lor	azepam fact sheet(s) as
make the inmate high risk for with	ndrawal		ssments should occ dose or as directed	our prior to administration I by HCP.
		 If CIWA-Ar so 	ore is <10 prior to	the administration of the can be discontinued. If
Inquire regarding pregnancy		the CIWA-Ar direction.	score is >10 at tha	at time, contact HCP for
Allergies:		 If CIWA-AR i 	s above 19, conta continue to be man	ct HCP and ask if the
n		 Contact the systolic or 1 	HCP if blood prea	ssure goes above 180 to the range of shock
O: Examination:		(SBP<90 or D Contact the H	CP if pulse goes ab	ove 120 for more than a
T_0P0_BPR	R	few minutes,	pulse <60, RR <10	or > 24, temperature >
Determine the level of consciousr	ness and orientation.	seizures recu	r for more than a	nallucinated or delirious, few minutes, or other
Accord anit		dangerous sig If patient ans		tal health screen, place
Assess gait		patient on suid	ide watch and call r	nental health.
Assess skin		Refer patient t	o HCP and mental h	іваііп,
Inspect for tremor,		Nurse's signature a	and date	
Based upon history, inspect and a	assess other organ systems	8=		
Make a gross determination of nu		Reviewer's signatu	re and date	
		-		
Inspect pupils.				



Intake Provider Orders-Sedative Hypnotic Withdrawal Order Set



Patientiv	anne	Inmate Number		Date or Birth	Today's Date
Tip					
Physic	ian:		Allergies:		
Date &	Time of Initiation:			g Librium (Chlordiazepo	
		in a	ppropriate m	edical observation area	infirmary as applicable.
1.	House patient in medical observat	ion if possible.			
2.	Check finger-stick blood sugar (FE	3S)			
	If <200, no recheck is need				
	If > or = to 200, schedule for HCP	or BID FBS che	cks x 5 day	s, then a chart review	should occur with the
	• Call provider if FBS > 350				
3.	If patient is continuously vomiting	OR displaying	signs and	symptoms of dehydra	tion, contact the
4.	provider. Contact the provider IMMEDIATEL	Y for the follow	/ing BEFΩR	E giving Librium:	
	The state of the s	- 101 010 10110	I DEI OI	- giving Emilani.	
	a. Pregnancy			stolic BP <90 or >180	
	b. Unresponsiveness			astolic BP <60 or >110	
	c. Changes in mental status d. Seizures			eart Rate <60 or >120	24
	e. CIWA score >19			spiratory Rate <10 or > mperature >101.1°F	∠4
	5. SIVVA 30016 2 18		j. Te	inperature / IVI.I F	
5.	Follow the Pathway below for With				ding patient with
	chlordiazepoxide and lorazepam fa				
	STEP 1: Perform CIWA-Ar assess		appropriatel	У	
	 Start Librium 50mg po TID x 2 Librium 50mg po BID x 2 days 				
	Librium 50mg po BiD x 2 days Librium 50mg po daily x 1 days				
	- Librium borng po dany x 1 day				
	STEP 2: Vital signs, CIWA-Ar asses	ssment, and sco	oring before	each medication dosing	
		4			
	STEP 3: Contact provider for addition				
6.	If patient answers "Yes" to mental	health screen,	immediate	ly place patient on sui	cide watch then
7.	contact mental health provider on- Refer patient to see HCP on next b				
8.	Refer patient to Mental Health.	uonicos uay.			
-	Passit to montai noutili				



Intake Provider Orders-CIWA -Ar Review and Score Sheet

(Not for Use for Opiate Withdrawal)
(Two Page Pathway)



Patient Name	Inmate Number	Date of Birth	Today's Date				

Have y	EA & VOMITING - Ask, "Do you feel sick to your stomach? you vomited?"	AUDITORY DISTURBANCES - Ask, "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you
OBSE	RVATION:	hearing anything that is disturbing to you? Are you hearing things
0	No nausea, no vomiting	you know are not there?"
1	Mild Nausea with no vomiting	0 Not present
2	mila Hadaca with no voilliting	
3		The state of the s
		2 Mild harshness or ability to frighten
4	Intermittent nausea with dry heaves	3 Moderate harshness or ability to frighten
5		4 Moderately severe hallucinations
6		5 Severe hallucinations
7	Constant nausea, frequent dry heaves & vomiting	6 Extremely severe hallucinations
	, , ,	7 Continuous hallucinations
TREM	OR - Arms extended, fingers spread apart.	VISUAL DISTURBANCES - Ask, "Does the light appear to be too
0	No tremor	bright? Is the color different? Does it hurt your eyes? Are you
1		
	Not visible but can be felt fingertip to fingertip	seeing anything that is disturbing to you? Are you seeing things
2		you know are not there?"
3		0 Not present
4	Moderate, with patient's arms extended	1 Very mild sensitivity
5		2 Mild sensitivity
6		3 Moderate harshness or ability to frighten
7	Severe, even with arms not extended	4 Moderately severe hallucinations
•	do toto, even with arms not extended	5 Severe hallucinations
D 4 D 0 1	///	7 Continuous hallucinations
	KYSMAL SWEATS	ANXIETY - Ask, "Do you feel nervous?"
0	No sweat visible	0 No anxiety, at ease
1	Barely perceptible sweating, palms moist	1 Mildly anxious
2		2
3		3
4	Beads of sweat obvious on forehead	4 Moderately anxious, or guarded, so anxiety is inferred
5	Boddo of official obvious off foreflead	5
6		6
7	Data abia a accepta	
-	Drenching sweats	7 Equivalent to acute panic state, as seen in severe
		delirium or acute schizophrenic reactions
AGITA	11-11	HEADACHE, FULLNESS IN HEAD - Ask, "Does YOUR HEAD FEEL
0	Normal activity	DIFFERENT? Does it feel like there is a band around your head?"
1	Somewhat more than normal activity	Do Not rate dizziness or lightheadedness. Otherwise rate severity:
2	•	0 Not present
3		1 Very mild
4	Moderately fidgety and restless	2 Mild
155	moderately hogely and restless	
5		3 Moderate
6		4 Moderately severe
7	Paces back and forth during most of the interview, or	5 Severe
	constantly thrashes about	6 Very severe
		7 Extremely severe
TACTIL	E DISTURBANCES - Ask, "Have you had any itching, pins &	ORIENTATION - Ask, "What day is this? Where are you? Who am
needle	s sensations, any burning, any numbness, or do you feel	1?"
	rawling on or under your skin?"	0 Oriented and can do serial additions
1	Very mild itching, pins & needles, blurring, or numbness	1 Cannot do serial additions or is uncertain about the date
2	Mild itching, pins & needles, burning, or numbness	2 Disoriented for date by no more than 2 calendar days
3	Moderate itching, pins & needles, burning, or numbness	3 Disoriented for date by more than 2 calendar days
4	Moderately severe hallucinations	4 Disoriented for place and/or person
5	Severe hallucinations	The state of the s
6	Extremely severe hallucinations	
-	A Comment of the state of t	

7 Continuous hallucinations
The scores for the 10 items are summed to give a total score. < 10, 10-15, 16-19, > 20 Place Score on Score Sheet

Date:						
3 ⁻						
19000	1886 (IIII IIIII 8168) IIII	# (B BW) (B) ((BB) ((BB) (KB)	1			



Intake Provider Orders-CIWA -Ar Review and Score Sheet

(Not for Use for Opiate Withdrawal)
(Two Page Pathway)



Patient Name	Inmate I	Vumber		D	Date of Birth			Today's Date		2
Time:										
	U - 14	SCO	RF	THE	15.118					
Nausea and Vomiting		000								
Tremor										
Paroxysmal Sweating										
Agitation										
Tactile Disturbances										
Auditory Disturbances										
Visual Disturbances										
Anxiety										
Headaches, Fullness in the Head										
Orientation										
Total (max score 67)										
		Vita	ls	«					"—————————————————————————————————————	
BP										
Temp										
Pulse										
Mental Health Screen										
Thoughts of Self-harm or Suicide?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Nurses Initials:										

*Use in conjunction with CIWA-Ar Assessment Review Sheet. The CIWA scores for the 10 items are summed to give a total score.

< 10 Stable

10-15

Mild to moderate withdrawal

16-19 > 20

Moderate withdrawal Severe withdrawal



Suboxone/Buprenorphine Worksheet



Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date				
l,		,						
	Medication I	nformation						
	-							
Pharmacy: Order request faxed to provider: Yes If no, reason:	Outside Pi	rovider:						
If no reason:	No Contact info	rmation						
11 110, 1045011	Contact mio			_				
Rx verified: Yes No								
If no, reason: Pharmacy closed]	No record at pharmad	cyOther						
If verified, Suboxone dose: 8/2	4/1 Other, speci	fv:						
If verified, Suboxone dose: 8/2 Or Subutex (Buprenorphine) dose:	84 Ot	her, specify:		_				
Dogo fraguenava Doile	Turing daily	Other medicin						
Dose frequency: Daily	I wice daily	_ Other, specify:						
CCS Suboxone provider contacted: Y	es No							
Determination: Continue MAT								
If medication discontinued, detox orders	obtained: Yes	No						
Is female client, pregnant: Yes	No							
	T	T. C 4						
	Incarceration	<u>Intormation</u>						
Expected Length of Stay:>	30 days							
< 3	0 days		a. 22					
Source of information: Security Staff	Probation/pa	role Caseworker	Staff					
Reason for incarceration drug related? Yes No								
Source of information: Security Staff Caseworker Staff Other (specify)								
	Lab Info	rmation						
Urine Drug Screen: Performed by sec	curity: Yes N	lo .						
Urine Drug Screen: Performed by see If yes, results:	Positive	Negative						
Urdered inrough If yes, arrangeme	nts for urine collecti	Yes No on made? Yes N	0					



Diazepam (Valium) Fact Sheet



P				
Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
7 5.115711 7.15111.0	minato riambor	Dooning Number	Date of Diffi	1 oddy 3 Dale
	l			
			. ,	1

During your stay at this facility, you will be provided with medication to treat a potentially lifethreatening condition, alcohol withdrawal.

This medication is called Diazepam (Valium). Like many other medications, it is known to cause drowsiness.

Because of this, it is not recommended that you engage in any of the following activities for at least 168 hours (7 days) after your last dose:

- Driving
- Operating heavy machinery
- Using power tools
- Working at heights
- Other tasks that require you to be alert

If you are released prior to completion of the 5 day alcohol detox process, it is recommended that you be evaluated at an emergency room or by your physician as soon as possible after release.

If you have any questions about this medication, please ask nursing staff as they make their medication rounds.

Patient Acknowledgment

I have read this fact sheet, or had this fact sheet read to me, and I acknowledge that I understand the information. I understand that it is my responsibility to avoid the activities described herein for no less than 7 days following release from custody. I further understand that upon release from this facility, it has been recommended that I should seek emergent care if I have not completed the five (5) day detox process. I agree to hold harmless Correct Care Solutions and for any alleged damages or harm as a result of my failure to follow the directions

contained herein.

Signature of Patient	Date
Signature of CCS Employee	Date
Second Witness should the patient refuse to sign	— Date



Vital Sign Flow Sheet



Patient Name		Inmate Number	Booking Number Date		Birth Today's Date
Allergies:			Provider:		
Provider Dire	ectives:				
Start Date:_			Stop Date:		
Date/Time	BP	Pulse	Resp	Temp	Nurse
				_	
			+		
			_		
		_			



Warfarin Patient Flowsheet



ient Name		Inme	Inmate Number		Number	Date of Birth	Today's Date
Clinical Indicat	ion:*		1	INF	R Therapeutic F	Range:*	
☐ Coumadin fact	sheet review	ed with	patient		☐ Mast	er Problem List	Populated
	urrent Dose	INR	Complica	itions	Dose Change	Next INR Date	Provider's Initials
Guldeline for adjusting Coumadin dosages: INR less than 2 - increase weekly Warfarin dose by 5-20% INR 3-3.5 - decrease weekly Warfarin dose by 5-15% INR 3.6-5.0 - consider withholding one dose, and decrease weekly dose by 10-15% INR 5-10 - withhold 1-2 doses, decrease weekly dose by 10-20% INR>10 - hold Warfarin, Vitamin K 3-5mg po one dose, anticipate significantly lower INR in 24-48 hours			5-15% d decrease weekly dose by 10-20%	New weekly dose = 31.5 mg/week divided by 7 ≈ <u>4.5 mg/day</u> <u>Solution</u> : Patient takes a 2.5 mg tab plus a 2.0 mg tab each day			
In cases of significant ble		need to rec	ceive Vitamin K by slo				ue alternating thereaft
Acute myocardial in Recurrent myocard Atrial fibrillation (mo	*Indication and INR Range Acute myocardial infarction with risk 2.0 – 3.0 Recurrent myocardial infarction 2.5 – 3.5 Atrial fibrillation (moderate to high-risk patients) 2.0 – 3.0 Valvular heart disease 2.0 – 3.0			Prevention of venous thromboembolism (High risk surgery) $2.0-3.0$ Treatment of venous thrombosis $2.0-3.0$ Bileaflet mechanical heart valve $2.0-3.0$ Mechanical heart valve (caged ball, caged disk) $2.5-3.5$			

Il Warfarin is the generic name for two commercial products Coumadin and Jantoven. Warfarin is on the approved CCS formulary



Weight Record



Patient Name		Inmate Number	Inmate Number Booking Number		Today's Date	
Unit:		Instructions:	1			
Initiated E	Ву:	Start Date:	End Date:			
Date	Weight	Initials	Date	Weight	Initials	

